

# Town of Miami Lakes

## Building Department

15700 NW 67th Avenue, 1st Floor

Miami Lakes, FL 33014

Phone: 305.827.4015 Fax: 305.558.9884

www.townofmiamilakes.com



## BUILDING PERMIT APPLICATION

Job Address: \_\_\_\_\_

Unit #: \_\_\_\_\_

Folio #: 32-

Owner-Builder: ☐

Master Permit #: \_\_\_\_\_

Sub Permit #: \_\_\_\_\_

Revision #: \_\_\_\_\_

<b>OWNER INFORMATION</b>	NAME: _____	<b>LEGAL USE/WORK</b>	Current Use of Property: _____
	Address: _____		Job Description _____
	City, State, Zip _____		_____
	Phone #: _____ Cell #: _____		_____
	Email Address: _____		_____
<b>CONTRACTOR INFORMATION</b>	Company Name: _____	<b>ARCHITECT/ENGINEER</b>	JOB COST \$ _____ AREA/LENGTH: _____ SF/LF
	Qualifier Name: _____		Residential <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/>
	License # _____		Code in Effect: _____
	Address _____		Occupancy: _____
	City, State, Zip _____		Construction Type: _____
	Phone #: _____ Cell #: _____		Flood Zone/B.F.E.: _____ F.F.E.: _____
	Email Address: _____		_____
Permit Type -- Check only One		Change to Permit -- Check only One	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing/Gas <input type="checkbox"/> Paving/Drainage <input type="checkbox"/> Sign <input type="checkbox"/> Roofing <input type="checkbox"/> P/W		<input type="checkbox"/> Extension <input type="checkbox"/> Renewal <input type="checkbox"/> Revision <input type="checkbox"/> Change Contractor <input type="checkbox"/> Shop Drawing <input type="checkbox"/> Cancellation	

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards, of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, RE-ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling of inspections and obtaining final inspections in accordance with the plans and specification WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. OWNER/CONTRACTOR AFFIDAVIT: I Certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

X

Signature of Owner or Owner's Agent

Date

X

Signature of Qualifier

Date

Print Name \_\_\_\_\_  
STATE OF FLORIDA COUNTY OF MIAMI-DADE  
Sworn to and subscribed before me this \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_ (SEAL)

Personally known ☐ or I.D. \_\_\_\_\_

Print Name \_\_\_\_\_  
STATE OF FLORIDA COUNTY OF MIAMI-DADE  
Sworn to and subscribed before me this \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_ (SEAL)

Personally known ☐ or I.D. \_\_\_\_\_

**NOTICE:** In addition to the requirements of this permit, there may be additional deed restrictions enforced by the homeowner's associations that may be applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

**NOTE:** This application will be void if there are no reviews after six(6) months.